

FOSTER HOME REFERENCE

Michigan Department of Consumer and Industry Services

Licensing Worker Name
Phone Number ()

RETURN TO:

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disabilities or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

AUTHORITY: Act 116, P.A. 1973.
COMPLETION: Voluntary.

_____ have / has applied for a license to be a foster parent(s). Your name has been given as a person who knows about the applicant(s) ability to care for children. The information you provide will assist in making a decision regarding licensing the applicant(s) to become a foster parent(s). The information you share may raise critical issues which will be discussed with the applicant(s) and which could be used in a formal hearing to defend a decision not to issue a license. For this reason, we cannot guarantee that this information will be kept confidential. Thank you for your assistance.

1. How long have you known the applicant(s)?					
HUSBAND:			WIFE;		
2. In what capacity do you know					
HIM:			HER:		
3. How well do you know the applicant(s)?					
HUSBAND:	<input type="checkbox"/> VERY WELL	<input type="checkbox"/> WELL	<input type="checkbox"/> SOME	<input type="checkbox"/> LITTLE	<input type="checkbox"/> NOT AT ALL
WIFE:	<input type="checkbox"/> VERY WELL	<input type="checkbox"/> WELL	<input type="checkbox"/> SOME	<input type="checkbox"/> LITTLE	<input type="checkbox"/> NOT AT ALL
4. How does the applicant handle conflict?					
HUSBAND:	<input type="checkbox"/> VERY WELL	<input type="checkbox"/> ADEQUATELY	<input type="checkbox"/> POORLY	<input type="checkbox"/> UNKNOWN	
WIFE:	<input type="checkbox"/> VERY WELL	<input type="checkbox"/> ADEQUATELY	<input type="checkbox"/> POORLY	<input type="checkbox"/> UNKNOWN	
5. Applicant's relationship to own children?					
HUSBAND:	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> MILD CONFLICT		
	<input type="checkbox"/> EXTREME CONFLICT		<input type="checkbox"/> DOESN'T APPLY		
WIFE:	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> MILD CONFLICT		
	<input type="checkbox"/> EXTREME CONFLICT		<input type="checkbox"/> DOESN'T APPLY		
6. Applicant's relationship to people in general: (all that apply)					
HUSBAND:	<input type="checkbox"/> WARM	<input type="checkbox"/> SHALLOW	<input type="checkbox"/> FRIENDLY	<input type="checkbox"/> DISTANT	<input type="checkbox"/> UNDERSTANDING
	<input type="checkbox"/> SINCERE	<input type="checkbox"/> LOYAL	<input type="checkbox"/> IMPATIENT	<input type="checkbox"/> WELL LIKED	<input type="checkbox"/> SHY <input type="checkbox"/> STERN
WIFE:	<input type="checkbox"/> WARM	<input type="checkbox"/> SHALLOW	<input type="checkbox"/> FRIENDLY	<input type="checkbox"/> DISTANT	<input type="checkbox"/> UNDERSTANDING
	<input type="checkbox"/> SINCERE	<input type="checkbox"/> LOYAL	<input type="checkbox"/> IMPATIENT	<input type="checkbox"/> WELL LIKED	<input type="checkbox"/> SHY <input type="checkbox"/> STERN
7. To what extent is applicant(s) aware of own shortcomings?					
HUSBAND:	<input type="checkbox"/> FEELS HE HAS NONE		<input type="checkbox"/> IGNORES	<input type="checkbox"/> TRIES TO OVERCOME	
	<input type="checkbox"/> ACCEPTS THEM WITH NO ADJUSTMENT		<input type="checkbox"/> UNKNOWN		
WIFE:	<input type="checkbox"/> FEELS SHE HAS NONE		<input type="checkbox"/> IGNORES	<input type="checkbox"/> TRIES TO OVERCOME	
	<input type="checkbox"/> ACCEPTS THEM WITH NO ADJUSTMENT		<input type="checkbox"/> UNKNOWN		
8. Describe the applicant's ability to be flexible.					
HUSBAND:	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> UNKNOWN
WIFE:	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> UNKNOWN
9. How does the applicant(s) follow through on commitments begun?					
HUSBAND:	<input type="checkbox"/> VERY WELL	<input type="checkbox"/> WELL	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> FAIR	<input type="checkbox"/> POORLY <input type="checkbox"/> UNKNOWN
WIFE:	<input type="checkbox"/> VERY WELL	<input type="checkbox"/> WELL	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> FAIR	<input type="checkbox"/> POORLY <input type="checkbox"/> UNKNOWN
10. Which of the following describe the applicant's temperament?					
HUSBAND:	<input type="checkbox"/> CALM	<input type="checkbox"/> IMPATIENT	<input type="checkbox"/> HOT TEMPERED	<input type="checkbox"/> PATIENT	<input type="checkbox"/> UNKNOWN
WIFE:	<input type="checkbox"/> CALM	<input type="checkbox"/> IMPATIENT	<input type="checkbox"/> HOT TEMPERED	<input type="checkbox"/> PATIENT	<input type="checkbox"/> UNKNOWN

FAMILY HOME REFERENCE (Continued):

11. Which of the following describe the applicant(s) friendships?

HUSBAND

- ☐ MANY FRIENDS - LOYAL
☐ MANY FRIENDS - CONSTANTLY CHANGING
☐ FEW FRIENDS - LOYAL
☐ FEW FRIENDS - CONSTANTLY CHANGING
☐ NO FRIENDS
☐ UNKNOWN

WIFE

- ☐ MANY FRIENDS - LOYAL
☐ MANY FRIENDS - CONSTANTLY CHANGING
☐ FEW FRIENDS - LOYAL
☐ FEW FRIENDS - CONSTANTLY CHANGING
☐ NO FRIENDS
☐ UNKNOWN

12. Please check all of the following that describe the applicant(s).

HUSBAND

- | | |
|---|--|
| <input type="checkbox"/> DOMINEERING | <input type="checkbox"/> FOLLOWER |
| <input type="checkbox"/> ASSERTIVE | <input type="checkbox"/> UNHAPPY |
| <input type="checkbox"/> AGGRESSIVE | <input type="checkbox"/> STUBBORN |
| <input type="checkbox"/> COOPERATIVE | <input type="checkbox"/> FRIENDLY |
| <input type="checkbox"/> OPINIONATED | <input type="checkbox"/> HAPPY |
| <input type="checkbox"/> ARROGANT | <input type="checkbox"/> EASILY UPSET |
| <input type="checkbox"/> LACKS CONFIDENCE | <input type="checkbox"/> MOODY |
| <input type="checkbox"/> NERVOUS | <input type="checkbox"/> WELL ADJUSTED |
| <input type="checkbox"/> LEADER | <input type="checkbox"/> CONFIDENT |
| <input type="checkbox"/> CONSIDERATE | <input type="checkbox"/> LAZY |
| <input type="checkbox"/> RESERVED | <input type="checkbox"/> OTHER (Explain Below) |

Other(s) _____

WIFE

- | | |
|---|--|
| <input type="checkbox"/> DOMINEERING | <input type="checkbox"/> FOLLOWER |
| <input type="checkbox"/> ASSERTIVE | <input type="checkbox"/> UNHAPPY |
| <input type="checkbox"/> AGGRESSIVE | <input type="checkbox"/> STUBBORN |
| <input type="checkbox"/> COOPERATIVE | <input type="checkbox"/> FRIENDLY |
| <input type="checkbox"/> OPINIONATED | <input type="checkbox"/> HAPPY |
| <input type="checkbox"/> ARROGANT | <input type="checkbox"/> EASILY UPSET |
| <input type="checkbox"/> LACKS CONFIDENCE | <input type="checkbox"/> MOODY |
| <input type="checkbox"/> NERVOUS | <input type="checkbox"/> WELL ADJUSTED |
| <input type="checkbox"/> LEADER | <input type="checkbox"/> CONFIDENT |
| <input type="checkbox"/> CONSIDERATE | <input type="checkbox"/> LAZY |
| <input type="checkbox"/> RESERVED | <input type="checkbox"/> OTHER (Explain Below) |

Other(s) _____

13. Do you believe the applicant(s) could accept a child who is resentful or rejecting toward them?

HUSBAND:

- ☐
- YES
- ☐
- NO (Explain Below)

Explanation: _____

WIFE:

- ☐
- YES
- ☐
- NO (Explain Below)

Explanation: _____

14. Would you be comfortable having the applicant(s) as foster parents for your own child or a child close to you?

- ☐
- YES
- ☐
- NO (Explain Below)

Explanation: _____

15. Do you recommend the applicant be issued a license to provide care for children?

- ☐
- YES
- ☐
- NO (Explain Below)

Explanation: _____
_____16. Please add any additional information you feel is important.

Print Your Name _____

Phone Number
() _____

Would you like licensing staff to contact you?

- ☐
- YES
- ☐
- NO

Signature _____

Date _____

NOTE: You may also contact your worker identified on the front of this form.